City of Columbus, Income Tax Division Application for Filing Extension

Part 1	ACC	COL	UNT INFORMATION								
Your first name and initial			Lastname				Primary Social Security Number	r	TY OR CITIES OF INCOME		
If a joint return, spouse's first name and initial Last name								Spouse's Social Security Number (if joint)	2.		
Home address (number and street). Apt. no.								3.			
City, town or post office, state, and ZIP code.							Filing Status - check only one	CI	TY OF RESIDENCE		
City, town or post office, state, and ZIP code.							☐ Married-Filing Joint ☐ Married-Filing Separate	1.			
Part 2	EXT	EN	ENSION INFORMATION								
CITY			Colum ESTIMA TOTA TAXABLE II	TED TAX RATE		ESTIM	mn 2 MATED DUE	Column 3 LESS AMOUNT PAID ON CURRENT ESTIMATE AND/ ANY OVERPAYMENT CRED	OR	Column 4 NET TAX DUE TENTATIVE AMOUNT	
COLUMBUS		01			2.5%						
GROVEPORT		09			2.0%						
OBETZ		10			2.0%						
CANAL WINCHESTER		11			2.0%						
MARBLE CLIFF		13			2.0%						
BRICE		14			2.0%						
HARRISBURG		16			1.0%						
Make payable to: COLUMBUS CITY TREASURER (with this extension) Solumbus Income Tay Division										\$	
Mail to: Columbus Income Tax Division 50 W. Gay Street, 4th Floor Columbus, Obje 43315 9037											
Columbus, Ohio 43215-9037 If an extension of time is necessary, file this form on or before the due date with the Columbus Income Tax Division in accordance with the											
instructions on the reverse side. An extension of 180 days for filing a city income tax return for the year stated above is hereby requested for the following reason:											
This form only serves to extend the time to file a city tax return. Any tax remaining due after the original due date of the return will be subject											
to interest as prescribed in the city tax codes.											
Part 3 SIGNATURE											
Signature of taxpayer(s). I declare that the extension requested herein for filing a city income tax return for the taxable year stated is necessary for the reason given above and that I am authorized to sign this request.											
•											
Sign	ignature	9						Date 1	Telephone Number		
Here											
• S	Sig	nature		С	Date						

This form may be electronically filed and paid at www.columbustax.net